

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

00 JAN 28 AM 9:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # M98000001443**

1. Entity Name  
**SIRGANY SUNSET, LLC**

|  |   |
|--|---|
| Principal Place of Business<br>6910 N.W. 12TH STREET<br>MIAMI FL 33126 | Mailing Address<br>6910 N.W. 12TH STREET<br>MIAMI FL 33126-1336 |
|--|---|



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

4. FEI Number **65-0883224**

Applied For  
Not Applicable

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KAYAL, RAYMOND J JR.**  
6910 N.W. 12TH STREET  
MIAMI FL 33126

|  |                               |                       |
|--|-------------------------------|-----------------------|
| Name   | <b>KAYAL, RAYMOND J.</b>      |                       |
| Street Address (P.O. Box Number is Not Acceptable) | <b>6910 N. W. 12th STREET</b> |                       |
| City   | <b>MIAMI, FL</b>              | Zip Code <b>33126</b> |

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **1/27/00**

**FILE NOW!!! FEE IS \$50.00**  
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

|                 |                                   |                                 |
|-----------------|-----------------------------------|---------------------------------|
| TITLE NAME      | <b>MGRM SIRGANY HOLDINGS, LLC</b> | <input type="checkbox"/> Delete |
| STREET ADDRESS  | <b>6910 N.W. 12TH STREET</b>      |                                 |
| CITY - ST - ZIP | <b>MIAMI FL 33126</b>             |                                 |

|                 |  |                                 |
|-----------------|--|---------------------------------|
| TITLE NAME      |  | <input type="checkbox"/> Delete |
| STREET ADDRESS  |  |                                 |
| CITY - ST - ZIP |  |                                 |

|                 |  |                                 |
|-----------------|--|---------------------------------|
| TITLE NAME      |  | <input type="checkbox"/> Delete |
| STREET ADDRESS  |  |                                 |
| CITY - ST - ZIP |  |                                 |

|                 |  |                                 |
|-----------------|--|---------------------------------|
| TITLE NAME      |  | <input type="checkbox"/> Delete |
| STREET ADDRESS  |  |                                 |
| CITY - ST - ZIP |  |                                 |

|                 |  |                                 |
|-----------------|--|---------------------------------|
| TITLE NAME      |  | <input type="checkbox"/> Delete |
| STREET ADDRESS  |  |                                 |
| CITY - ST - ZIP |  |                                 |

|                 |  |                                 |
|-----------------|--|---------------------------------|
| TITLE NAME      |  | <input type="checkbox"/> Delete |
| STREET ADDRESS  |  |                                 |
| CITY - ST - ZIP |  |                                 |

|                 |  |  |
|-----------------|--|--|
| TITLE NAME      |  | <input type="checkbox"/> Change <input type="checkbox"/> |
| STREET ADDRESS  |  |  |
| CITY - ST - ZIP |  |  |

|                 |                              |  |
|-----------------|------------------------------|--|
| TITLE NAME      |                              | <input type="checkbox"/> Change <input type="checkbox"/> |
| STREET ADDRESS  | <b>500003117155-1</b>        |  |
| CITY - ST - ZIP | <b>-02/01/00--01013--005</b> |  |
|                 | <b>***300.00</b>             | <b>***50.00</b>  |

|                 |  |   |
|-----------------|--|---|
| TITLE NAME      |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS  |  |   |
| CITY - ST - ZIP |  |   |

|                 |  |   |
|-----------------|--|---|
| TITLE NAME      |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS  |  |   |
| CITY - ST - ZIP |  |   |

|                 |  |   |
|-----------------|--|---|
| TITLE NAME      |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS  |  |   |
| CITY - ST - ZIP |  |   |

|                 |  |   |
|-----------------|--|---|
| TITLE NAME      |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS  |  |   |
| CITY - ST - ZIP |  |   |

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

DATE **1/27/00** DAYTIME PHONE # **305-594-5759**